

**PRESCRIBED MEDICATION AUTHORIZATION
FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION BY SCHOOL
PERSONNEL**

(As required by Section 3313.713 Ohio Revised Code)

Student Name

Date of Birth

School

Grade

Teacher

PARENT/GUARDIAN SECTION

Please review the following required steps giving permission to school personnel to administer any prescribed medication to your student. Please sign this section.

1. **Both the parent (top section) and the licensed prescriber (bottom section) must complete this form.** The prescribed medication **and** completed permission form must both be in the school clinic *before* any medication can be administered by school personnel.
2. Medication must be provided in the student's labeled original prescription bottle. The prescription label must match the instructions from the prescriber.
3. The parent must assume responsibility for the safe delivery of the medication to the school. Students are not to bring medication on the bus to be delivered to school.
4. New forms must be submitted each school year and for each new medication to be given. New forms must be submitted when any changes in the original form occur such as changes in the dose or time.

I request that this medication be administered to my student according to the directions of the licensed prescriber in the following section. I also authorize the exchange of information between the health care provider and the school regarding this medication order when deemed necessary by school personnel.

Parent Signature

Date

LICENSED PRESCRIBER SECTION

I verify that this medication must be taken by _____

Student's Name

Diagnosis for which medication is prescribed

Medication

Strength

Dosage

Time medication is to be taken

Start date

End date

Instructions or precautions, including possible side effects

Licensed prescriber signature

Date

Licensed prescriber printed name

Phone number